



# Creating Document Coversheets- A Tutorial for On-line Users

This presentation will help you create the  
bar-coded coversheets required for  
submitting paper documents to the  
Department of Industrial Accidents

Board # - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address https://

Once you have logged-in and found the main case page for your case, click here...

Board #: 117 Case ID: 35

View Case Documents Prepare Cover Sheet

Incident Details

Board #:	001178-06	Date of Injury:	07/10/2002
Employee:	<a href="#">MARC</a>		
Company:	<a href="#">ROTO ROOTER SERVICE CO</a>	Insurer:	<a href="#">HARTFORD INSURANCE COMPANY</a>
Liability Est.:	U	Rehab Suitable:	
1 <sup>st</sup> Incapacity:	07/10/2002	5 <sup>th</sup> Incapacity:	07/14/2002
1 <sup>st</sup> Disability:	07/10/2002	5 <sup>th</sup> Disability:	07/14/2002
Accident Description:			
Dependents:	1	Claim Rep:	GARY 29314
		Preparer Phone:	800-
Comments:			
Created By:	DIANEH	Created Date:	01/26/2006

This case is not grouped

Injury List

Board #	Body Part Code	Injury Code	Injury Source
117			9999 - NONCLASSIFIABLE

Attorney List

For Whom	Attorney	Law Firm	Primary	Available

Contains command

start 10:21 AM

Clicking on the “Prepare Cover Sheet” button will take you to a new page.

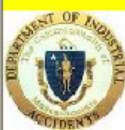
Document Parameter Form - Microsoft Internet Explorer

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Address Go Links

Test Environment !

 **Massachusetts Department of Industrial Accidents** November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

**Document Name** Return

Document Name - Select a document -

**Document Parameters**

Employee \* MARC

DIA Board Number \* 117806

Case ID \* 3579710

Select a document type to proceed

This pull-down menu lets you select the document type

This is the coversheet generation screen.  
It will create the required bar-coded coversheet for each document you need to submit.

Done Local intranet 4:34 PM



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

[Return](#)

Document Name - Select a document -

- Select a document -
- CM-Petition
- CM-Resp. to Petition
- DIA 101 First Report of Injury
- DIA 103 Ins. Notice of Payment
- DIA 104 Ins. Notice of Denial
- DIA 105 Agree to Ext. 180 PWOP
- DIA 106 Ins. Notice to Modify
- DIA 106 Ins. Notice to Terminate
- DIA 107 Ins. General Termination
- DIA 107 Ins. Notice to Modify
- DIA 107 Ins. Resumption of Comp
- DIA 108 Ins. Complaint for Disc/Mod/Recoup
- DIA 109 Withdrawal
- DIA 110 Employee Claim
- DIA 112 Review Board Appeal
- DIA 112A Waiver of Appeal Fee
- DIA 113 Agree to Pay Comp.
- DIA 114 App. of Counsel
- DIA 115 Third Party Claim
- DIA 115 Third Party Lien
- DIA 116 Req. LS Conf.
- DIA 116A ER Consent
- DIA 116B Addendum to LS -VR
- DIA 116C Lien Disclosure
- DIA 117 LS Agreement
- DIA 117A LS Agreement
- DIA 121 Appeal of Conf.
- DIA 121A Opt-Out Agreement
- DIA 122 Req. Sec. 37

This pull-down menu lets you select the document type

## Document Parameters

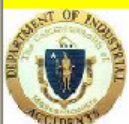
Employee \*

DIA Board Number \*

Case ID \*

Select a document type to proceed

The menu lists all of the document types you will need for submission.



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

Return

Document Name DR-Medical Reports

Some information is  
already provided.

Claimant

DIA Board #

Case ID #

Your name

Your client

## Document Parameters

Print Cover Sheet

Print Label

## Value

MARC

117806

3579710

Date of Document \*

[mm/dd/yyyy]

Date Received \*

[mm/dd/yyyy] (this should be the date document is presented to DIA)

Med. Provider Name \*

Bill Taupier

(i.e., Atty. John Smith - must be attorney of record)

Submitted By \*

Party \*

Employee

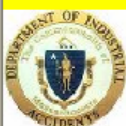
Date Range of Records From

[mm/dd/yyyy]

Date Range of Records To

[mm/dd/yyyy]

\* denotes required field



In this example a medical report needs to be presented to the DIA.

User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

2007 1

You will need to fill in the remaining information that is unique to the document to be submitted...

Test Environment !

### Document Name

[Return](#)

Document Name

...for example the  
Date of the Document –  
the date which it was created.



### Document Parameters

[Print Cover Sheet](#)[Print Label](#)

Employee \*

Value

MARC

DIA Board Number \*

117806

Case ID # \*

3579710

Date of Document \*

[mm/dd/yyyy]

Date Received \*

[mm/dd/yyyy] (this should be the date document is presented to DIA)

Med. Provider Name \*

Submitted By \*

Bill Taupier  
(i.e., Atty. John Smith - must be attorney of record)

Party \*

Employee

Date Range of Records From

[mm/dd/yyyy]

Date Range of Records To

[mm/dd/yyyy]

\* denotes required field



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 [Reset Your Password](#)

## Document Name

[Return](#)Document Name 

## Document Parameters

[Print Cover Sheet](#)[Print Label](#)

Employee \*

Value

DIA Board Number \*

Case ID # \*

Date of Document \*

  
[mm/dd/yyyy]

Date Received \*

  
[mm/dd/yyyy] (this should be the date document is presented to DIA)


Med. Provider Name \*

Submitted By \*


  
(i.e., Atty. John Smith - must be attorney of record)

Party \*

Date Range of Records From

  
[mm/dd/yyyy]

Date Range of Records To

  
[mm/dd/yyyy]

\* denotes required field

You can either key in the date  
in the mm/dd/yyyy format...

...or using the calendar  
button to select the date.  
A calendar window will  
appear.

Test Environment !



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

Return

Document Name DR-Medical Reports

## Document Parameters

Print Cover Sheet

Print Label

Employee \*

Value

MARC

DIA Board Number \*

117806

3579710

[mm/dd/yyyy]

[mm/dd/yyyy] (this should be the date document is presented to DIA)

Med. Provider Name \*

Submitted By \*

Bill Taupier

(i.e., Atty. John Smith - must be attorney of record)

Party \*

Employee

Date Range of Records From

[mm/dd/yyyy]

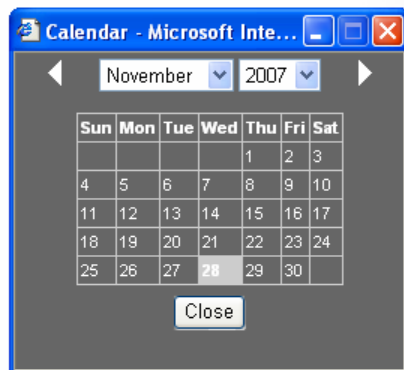
Date Range of Records To

[mm/dd/yyyy]

\* denotes required field

Select the date from  
the calendar window...

...and it will appear  
in the  
field here.





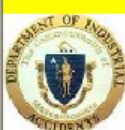
Document Parameter Form - Microsoft Internet Explorer

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**Test Environment !**





 **Massachusetts Department of Industrial Accidents** November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 [Reset Your Password](#)

### Document Name

**Document Name**  [Return](#)

### Document Parameters

[Print Cover Sheet](#) [Print Label](#)

	Value
<b>Employee *</b>	<input type="text" value="MARC"/>
<b>DIA Board Number *</b>	<input type="text" value="117806"/>
<b>Case ID # *</b>	<input type="text" value="3579710"/>
<b>Date of Document *</b>	<input type="text" value="08/15/2006"/>  [mm/dd/yyyy]
<b>Date Received *</b>	<input type="text" value=""/>  [mm/dd/yyyy] (this should be the date document is presented to DIA)
<b>Med. Provider Name *</b>	<input type="text" value=""/>
<b>Submitted By *</b>	<input type="text" value="Bill Taupier"/> (i.e., Atty. John Smith - must be attorney of record)
<b>Party *</b>	<input type="text" value="Employee"/>
<b>Date Range of Records From</b>	<input type="text" value=""/>  [mm/dd/yyyy]
<b>Date Range of Records To</b>	<input type="text" value=""/>  [mm/dd/yyyy]

\* denotes required field

Do the same for the date received. →

This date should be the date the document is to be received by the DIA (i.e. the date of a conciliation, conference or hearing etc.).

Done Local intranet 4:55 PM

Test Environment !



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

[Return](#)Document Name 

## Document Parameters

[Print Cover Sheet](#)[Print Label](#)

	Value
Employee *	<input type="text" value="MARC"/>
DIA Board Number *	<input type="text" value="117806"/>
Case ID # *	<input type="text" value="3579710"/>
Date of Document *	<input type="text" value="08/15/2006"/> [mm/dd/yyyy]
Date Received *	<input type="text" value="11/28/2007"/> [mm/dd/yyyy] (this should be the date document is presented to DIA)
Med. Provider Name *	<input type="text"/>
Submitted By *	<input type="text" value="Bill Taupier"/> (i.e., Atty. John Smith - must be attorney of record)
Party *	<input type="text" value="Employee"/>
Date Range of Records From	<input type="text"/> [mm/dd/yyyy]
Date Range of Records To	<input type="text"/> [mm/dd/yyyy]

\* denotes required field

Next you need to fill in the name  
of the medical provider.



If you are submitting a set of  
reports for a date range, enter  
those dates in these fields –  
From = start date; To = end date.



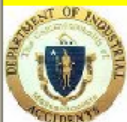
start



Local intranet

 4:58 PM

Test Environment !



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

[Return](#)Document Name 

## Document Parameters

[Print Cover Sheet](#)[Print Label](#)

Employee \*

Value

DIA Board Number \*

Case ID # \*

Date of Document \*

[mm/dd/yyyy]

Date Received \*

[mm/dd/yyyy] (this should be the date document is presented to DIA)

Med. Provider Name \*

Submitted By \*

(i.e., Atty. John Smith - must be attorney of record)

Party \*

Date Range of Records From

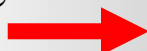
[mm/dd/yyyy]

Date Range of Records To

[mm/dd/yyyy]

\* denotes required field

Next you need to fill in the name  
of the medical provider.



If you are submitting a set of  
reports for a date range, enter  
those dates in these fields –  
From = start date; To = end date.



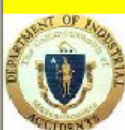
Document Parameter Form - Microsoft Internet Explorer

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Address Go Links

**Test Environment !**

 **Massachusetts Department of Industrial Accidents** November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

**Document Name** Return

Document Name

**Document Parameters** Print Cover Sheet Print Label

	Value
Employee *	<input type="text" value="M..."/>
DIA Board Number *	<input type="text" value="117806"/>
Case ID *	<input type="text" value="3579710"/>
Date of Document *	<input type="text" value="08/15/2006"/> [mm/dd/yyyy]
Date Received *	<input type="text" value="11/28/2007"/> [mm/dd/yyyy] (this should be the date document is presented to DIA)
Med. Provider Name *	<input type="text" value="Robert Hockstedder, M.D."/>
Submitted By *	<input type="text" value="Bill Taupier"/> (i.e., Atty. John Smith - must be attorney of record)
Party *	<input type="text" value="Employee"/>
Date Range of Records From	<input type="text" value="08/15/2006"/> [mm/dd/yyyy]
Date Range of Records To	<input type="text" value="01/05/2007"/> [mm/dd/yyyy]

\* denotes required field

Once all the parameters have been entered, click on the “Print Cover Sheet” button here.

If you are submitting a set of reports for a date range, enter those dates in these fields – From = start date; To = end date.

Done Local intranet 5:04 PM

Test Environment !



Massachusetts Department of Industrial Accidents November 28, 2007 16:30:05  
User: BILLT - Bill Taupier Version: 1.0 Reset Your Password

## Document Name

[Return](#)Document Name 

## Document Parameters

[Print Cover Sheet](#)[Print Label](#)

Employee \*

Value

DIA Board Number \*

Case ID # \*

Date of Document \*

[mm/dd/yyyy]

Date Received \*

[mm/dd/yyyy] (this should be the date document is presented to DIA)

Med. Provider Name \*

Submitted By \*

(i.e., Atty. John Smith - must be attorney of record)

Party \*

Date Range of Records From

[mm/dd/yyyy]

Date Range of Records To

[mm/dd/yyyy]

\* denotes required field

The process may take a few seconds. You will then be given the coversheet in a PDF format.

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
600 Washington Street, 7th Floor  
Boston, Massachusetts 02111  
<http://www.mass.gov/dia>



Use the print command to  
print the coversheet.

You are then ready to place  
the coversheet on top of the  
document to be submitted.

Repeat the process for each  
document to be submitted.

Cover Sheet For Marc

Bill Taupier

117

35

DR-Medical Reports

Case ID#:

Doc. Type:

# Helpful hints.

- Make sure you create a coversheet for each document;
- Recheck the coversheet to be sure the information is correct before printing;
- After preparing your documents, check the coversheets again to avoid misplaced or missing coversheets;
- Do not use staples, paperclips or other binders when submitting documents;
- For a large packet, the oversized binder clips (the ones that hold 100 sheets or so) are ok;
- Come to your proceeding prepared, if you show up without coversheets for your documents, the DIA WILL NOT accept them and you will be asked to come back when they are prepared in the prescribed manner.